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TRANSCRIPT ORDER

DUE DATE:

1. NAME H. Gray Burks, IV	2. PHONE NUMBER 713 933-1515	3. DATE 9/4/2015	
4. FIRM NAME Shapiro Schwartz LLP			

5. MAILING ADDRESS 13105 Northwest Freeway, Suite 1200	6. CITY Houston	7. STATE TX	8. ZIP CODE 77040

9. CASE NUMBER 14-30371	10. JUDGE Mott	DATES OF PROCEEDINGS	
		11. 7/15/2015	12.

13. CASE NAME Ruth Ramirez Villareal	LOCATION OF PROCEEDINGS	
	14. El Paso	15. STATE TX

16. ORDER FOR

☐ APPEAL	☐ CRIMINAL	☐ CRIMINAL JUSTICE ACT	☑ BANKRUPTCY
☐ NON-APPEAL	☐ CIVIL	☐ IN FORMA PAUPERIS	☐ OTHER *(Specify)*

17. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)

PORTIONS	DATE(S)	PORTION(S)	DATE(S)
☐ VOIR DIRE		☐ TESTIMONY (Specify)	
☐ OPENING STATEMENT (Plaintiff)			
☐ OPENING STATEMENT (Defendant)			
☐ CLOSING ARGUMENT (Plaintiff)		☐ PRE-TRIAL PROCEEDING	
☐ CLOSING ARGUMENT (Defendant)			
☐ OPINION OF COURT			
☐ JURY INSTRUCTIONS		☑ OTHER (Specify)	
☐ SENTENCING		Motion for Relief Hearing	
☐ BAIL HEARING			

18. ORDER

CATEGORY	ORIGINAL + 1 (original to Court, copy to ordering party)	FIRST COPY	# OF ADDITIONAL COPIES	DELIVERY INSTRUCTIONS (check all that apply)		ESTIMATED COSTS
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7 DAYS	☐	☐		WORD INDEX	☐	
DAILY	☐	☐		PDF FORMAT	☐	
HOURLY	☐	☐		E-TRANS	☐	
REALTIME	☐	☐		ASCII FORMAT	☐	

CERTIFICATION (19. & 20.) By signing below, I certify that I will pay all charges (deposit plus additional).	E-MAIL ADDRESS jdunn@logs.com
19. SIGNATURE /s/ H. Gray Burks, IV	**NOTE: IF ORDERING BOTH PAPER AND ELECTRONIC COPIES, THERE WILL BE AN ADDITIONAL CHARGE.**
20. DATE 9/4/2015	

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	DATE	BY	PROCESSED BY		PHONE NUMBER
ORDER RECEIVED					
DEPOSIT PAID			DEPOSIT PAID		
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